

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10070556 | FILING DATE

APPLICANT(S)

CLAIMS					
		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	AS FILED	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21	4				
22	4				
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33	4				
34	4				
35	4				
36	4				
37	4				
38	4				
39					
40					
41	2				
42	2				
43	2				
44	2				
45					
46					
47					
48					
49					
50					
TOTAL AS FILED					
TOTAL DEP.					
TOTAL AMBS					
TOTAL CLAIMS					
TOTAL IND.	21				
TOTAL DEP.	172				
TOTAL AMBS	192				